## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 11/03/2013  | Address:  | 205 E NORTH ST  |
|--|---|---|---|
| Incident #:  | 13ISPC010988  |   | WOLCOTT, IN 47995   |
| <b>County</b> :  | WHITE   |   |   |
| Type of Laboratory Seizure (check one) Seizure Location (check all that apply)   |   |   |   |
| ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)  |   | <ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul> | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other:  |
| (check all that  | : Location (bedroom, kitchen, open air, e<br>apply)<br>or Birch Reaction(s):              | etc)  |   |
| Red Phosphorous/Iodine Reaction(s):  |   |   |   |
| Hydrochloric Acid Gas Generator(s): BASEMENT & GARAGE  |   |   |   |
| ☐ Flammable Solvents: BASEMENT & GARAGE  |   |   |   |
| Water Reactive Metal (Lithium):  |   |   |   |
| Anhydrous Ammonia:   |   |   |   |
| Corrosive Acid:  |   |   |   |
| Corrosive Base:  |   |   |   |
| Other (item and location):   |   |   |   |
| Vehicle Information:   |   |   |   |
| Owner:<br>VIN:<br>Year:  |   | Make:<br>Model:   |   |
| $\boxtimes$ Yes $\underline{1}$ (n $\square$ No  | age 18 discovered (check appropriate) umber present) not present but evidence they reside | unclean Estimated les occurring:                                      | tions of home:  clean  disarray disarray ngth of time manufacturing had been formation: |
| This report l  | nas been faxed* or emailed to the fol   | llowing agencies th   | at serve the location:  |
| Fire Department City, Township or County <u>WOLCOTT FIRE</u> Fax: 219-279-2400  Health Department County: <u>WHITE COUNTY</u> Fax: 754-583-1513  Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596 |   |   |   |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: WESLEE ENNIS Phone 765-567-2125  |   |   |   |

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.